

First Aid Course

HLTAID009 - Provide cardiopulmonary resuscitation

HLTAID011 - Provide First Aid

Learner Guide

Name of the student	
Course date	



Introduction

Thank you for choosing Construction Training Group for your first aid training. We have developed this Learner Guide to assist you to complete the First Aid Course in just one day. This Learner Guide includes some basic information about the topics that will be covered in the class. Pre-study is not mandatory. However, it is highly recommended that students read the supplied pre-course study materials prior to attending the workshop at CTG.

How to use the Learner Guide

Simply work through the pages of the Learner Guide. The content provided for various topics is designed to assist your understanding of the first aid principles.

If there are areas of the Learner Guide that you would like to clarify, make a note of these in the Learner Guide and discuss these with your trainer during the workshop day.

The content covered in the Learner Guide will be assessed during the practical activities conducted at the face-to-face workshop and in the written test at the end of the day.

To satisfactorily complete this unit of competency you must:

- Attend and participate in a full day workshop.
- Demonstrate your competency in performing a range of first aid skills including cardiopulmonary resuscitation and the use of an automated external defibrillator.
- Complete a written test and achieve 100% accuracy.

The Training Day

Training is scheduled from 8.00 – 5.00 pm with a 30-minute lunch break and two mini breaks during the day.

Participants may bring their own lunch or purchase from a visiting food van or local food outlets. Tea and coffee are available on site.

Participants should note that first aid training will involve moderate physical activity, including kneeling and bending. If you have special needs including those related to language, literacy or numeracy, a relevant disability or medical condition, or any other concerns you should raise these prior to attending the workshop.

Disclaimer

The training offered by Construction Training Group provides skills and knowledge in first aid management but does not constitute a medical, nursing or health professional qualification. Construction Training Group accepts no responsibility for the subsequent actions of participants.

Construction Training Group does not accept any responsibility for any harm suffered by you as a result of your participation in the workshop and workshop activities.

This Learner Guide does not provide comprehensive information on all first aid situations and actions. Further details will be covered during the classroom training and practical sessions. You must refer to the Australian Resuscitation Council (ARC) guidelines for further reading.

*All participants are advised to read our Student Handbook available via the web
www.constructiontraininggroup.com.au*

What is first aid?

First aid is the initial care of a sick or injured person. Prompt first aid can save lives in the critical time before emergency services or medical help arrives.

The key aims of first aid:

- ✓ Preserve life of anyone involved in an incident
- ✓ Protect any unconscious person
- ✓ Prevent any further injury or existing injury becoming worse
- ✓ Promote recovery of the casualty
- ✓ Reassure and provide comfort to the casualty.

Legal Considerations

The first aider has nothing to fear as long as they act reasonably, with caution and follow accepted first aid protocols. Things to consider:

Consent: Informed consent must be gained prior to delivering any aspect of first aid, unless the casualty is unable to communicate. Here consent is assumed. In instances where a child is the casualty, check if a parent/guardian is present and seek consent. If a parent/guardian is not present or child is of an age where consent is not possible, then you will stand in the place of the parent/guardian.	Duty of Care: A legal duty owed by one person to another to act in a certain way.
Negligence: To be found negligent it must be proven: ✓ A duty of care between the first aider and the casualty exists ✓ First aider did not exercise reasonable care and skill in providing first aid ✓ Casualty sustained damage resulting from an act or omission by the first aider	Wrongs Act - now gives protection from claims for damages for personal injury to "good Samaritans" helping at emergencies or accidents, volunteers providing services for community work and donors of food (Parts VIA, IX and VIB). However, some exceptions will apply to those cases.
To date there has been no successful litigation against a first aider. You must act within your level of knowledge and skill base. Understand your first aid responsibilities in your workplace/worksites.	

Industry Guidelines

A range of guidelines are published by the **Australian Resuscitation Council** on first aid provision.

The industry bodies and organisations such as the **Australasian Society of Clinical Immunology and Allergy, Allergy and Anaphylaxis Australia and Asthma Australia** also provide first aid plans and guidelines.

Work Health and Safety (First Aid in the Workplace) Code of Practice 2015 and WorkSafe Victoria Compliance Code - First aid in the workplace (2021):

- ✓ Provide practical guidance for business owners on providing enough first aid facilities in the workplace.
- ✓ Include information on first aid kits, procedures, facilities and training for first aiders.
- ✓ Apply to all types of work and all workplaces

First aid and CPR refresher requirements

First Aiders should undertake training to update their skills and knowledge at least once every three years.

Refresher training for CPR should be undertaken annually.

Vital steps

A first aider should:

- ✓ Assess the situation quickly – Question the casualty and any witnesses about the incident. Look for dangers before approaching the casualty and monitor the situation and environment. A casualty should be moved from the incident site when there is a danger or when it is safe to do so.
- ✓ The unconscious non-breathing casualty should be attended to first in a situation involving more than one casualty.
- ✓ Conduct a head-to-toe assessment of the casualty (if casualty is conscious explain what you are doing and ask permission) – look for any signs and symptoms
- ✓ Send for emergency services
- ✓ Care for the most serious injury or illness first
- ✓ If there is more than one casualty, care for the casualty with most serious illness or injury first
- ✓ Get any bystanders to help if needed
- ✓ Stay with and monitor the casualty until emergency services or medical assistance arrives.
- ✓ Maintain appropriate body postures and handling techniques to prevent injuries (for example, musculoskeletal injuries such as back, neck, shoulder injuries).
- ✓ An unresponsive breathing casualty should be positioned in a recovery position (side lying position, with one hand supporting the head and the knee stopping the body from rolling onto the stomach).

Workplace first aid procedures

Examples of common workplace first aid procedures include:

- ✓ The location and care of first aid kits
- ✓ First aid training and providing first aid
- ✓ Recording incidents and injuries using the appropriate forms
- ✓ Etcetera

When providing first aid in your workplace, always act within the scope of activity and procedures of your organisation.

First Aid Kits

Part of being prepared is keeping an appropriately stocked and maintained first aid kit. Contents in a first aid kit may vary depending on the industry. It is also a good idea to keep one at home and one in the car. Everyone should have one – they come in a range of sizes with contents of the kit being relative to the size of kit.

You should know where your nearest first aid kit is at work, at home, when travelling.

- ✓ Store first aid kit in a cool, clean and dry location that is childproof.
- ✓ Check regularly to ensure all contents are present, not out of date, and in good condition
- ✓ Do YOU know where the nearest first aid kit is located?

A basic first aid kit may contain:

✓ Triangular and crepe bandages	✓ Hypo-allergenic tape	✓ Normal saline solution
✓ Disposable gloves	✓ Resuscitation face shield	✓ Scissors
✓ Dressing materials	✓ Tweezers	✓ Thermal blankets
		✓ Disposable bags

It is recommended that medicines and needles are not kept in a first aid kit.

Improvising

There may be occasions where you need to give first aid but there is no first aid kit available. If a kit is not available, you will need to improvise first aid equipment by using whatever you can find but sort out the pros and cons of using the item before applying it. For example, using a plastic bag for gloves, and a folded face cloth wrapped in cling wrap as a non-adhesive pad are feasible and have positive outcomes. But using a plastic bag as a mask is not, as there is no substitute for a face mask. However, you should not let the absence of a first aid kit prevent you from offering some level of first aid to a casualty.

Communicating effectively in a first aid situation

Communicating effectively involves dealing with different people: ✓ Casualties ✓ Witnesses, bystanders or sometimes the victim's family members ✓ Emergency services ✓ Other first aiders.	Put yourself in their shoes ... ✓ Introduce yourself ✓ Use casualty's name if known ✓ Speak clearly and calmly ✓ Be culturally sensitive ✓ Keep in mind the casualty's feelings ✓ Tell them you have first aid training.	Consider communication difficulties due to: ✓ Language barriers ✓ Noise/hearing problems ✓ Age or gender differences.
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Be respectful at all times

Casualties come from a wide range of cultural, ethnic and social backgrounds across the lifespan, therefore it is important to: ✓ Avoid being judgemental – people will respond to events, pain, your actions differently ✓ Use appropriate communication ✓ Be sensitive to cultural norms seek permission ✓ Treat the injured person with sensitivity and respect ✓ Be mindful of relatives and friends who may be present	When treating a conscious casualty, it is always important to: ✓ Get consent ✓ Allow them to put themselves in the position of most comfort, and then look after them. ✓ Cause no intentional harm.
If a casualty had refused consent before becoming unconscious, you can only give the treatment required to save their life. When providing CPR or first aid to people, respect their privacy and avoid unnecessary exposure of the casualty	

Moving a casualty:

- ✓ Move the casualty if it is dangerous for the casualty to remain in the position they are in and only if it is reasonably safe for you to do so.
- ✓ Make every attempt not to move a seriously injured or unconscious casualty if they are in a safe area or position unless directed by the paramedics or until help arrives.
- ✓ Use correct lifting techniques (ankle drag, arm shoulder drag) and seek help, where required.

Assessing the sick or injured person

✓ Gather information about the HISTORY of the incident ✓ Ask the casualty to describe any SYMPTOMS ✓ Check carefully for SIGNS of injury or illness	Assess the following	
	✓ Conscious state ✓ Airway ✓ Breathing	✓ Circulation ✓ Skin colour/temperature

History

Try to get as much information about the history of an incident as possible.

- ✓ Remind participants that this is essential where it may not be immediately obvious what the problem is
- ✓ Discuss various ways to get information about the history of an incident
- ✓ Discuss incidents or illnesses where the history may be especially important, e.g. unconscious victim, medical emergencies, suspected spinal injuries etc.

Infection control

There may be a risk of cross infection when providing first aid so ...

- ✓ Treat all casualties as potentially infectious
- ✓ Cover open wounds with waterproof dressings
- ✓ Wear gloves and other personal protective equipment
- ✓ Wash hands before and after administering first aid
- ✓ If splashed with bodily fluids while managing a casualty, wash the area with soap and water as soon as possible.
- ✓ Follow appropriate steps when removing gloves without contaminating skin and splashing contaminants.
- ✓ Clean up spills and body fluids. With gloves on use paper towels. Double bag waste and cloths. Warm soapy water is okay if disinfectant/bleach not available.

Incident stress

- ✓ Stress during and after an incident is not unusual
- ✓ An incident potentially invokes strong emotional reactions as a result of:
 - Sights, smells and emotions you would not normally encounter
 - Experiences that are unfamiliar
 - Previous experiences with similar incidents
- ✓ Whilst stress is a normal response, sometimes it may lead to longer term problems.

Common signs and symptoms of stress include: All people react differently

✓ Nightmares ✓ Guilt ✓ Grief ✓ Anger ✓ Depression	✓ Flashbacks ✓ Difficulty concentrating ✓ Nausea ✓ Vomiting ✓ Rapid heart rate	✓ Muscle pains ✓ Fatigue ✓ Dizziness ✓ Loss of appetite
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GET HELP AND LOOK AFTER YOU!

You may seek help from: ✓ Ambulance officer or paramedic ✓ GP ✓ Counselling services ✓ Managers/HR ✓ Employee assistance programs	Maintain good relationships with ✓ Family ✓ Friends ✓ Work colleagues	Maintain a healthy lifestyle ✓ Exercise ✓ Eat well ✓ Avoid overuse of drugs and alcohol ✓ Take time out
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Debriefing

Debriefing with the workplace supervisor after engaging in a first aid situation can:

- ✓ be used to assess own skills and limitations in providing first aid
- ✓ help first aiders to think about the emergency situation they have been involved in
- ✓ provides an opportunity for self-reflection and performance development.

Chain of survival

The Chain of Survival is made up of four key links.

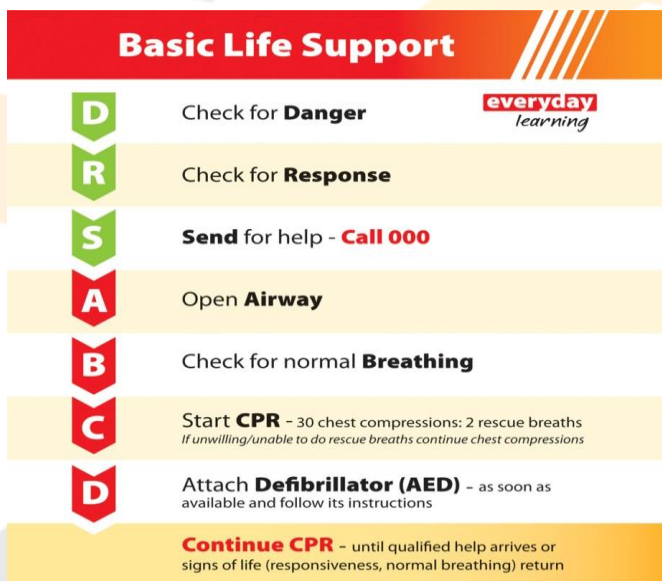
These are:

- ✓ Early Access
- ✓ Early CPR
- ✓ Early Defibrillation
- ✓ Early Advanced Care

DRSABCD

The aim of CPR is to maintain adequate circulation of oxygen to the vital organs of the body.

The DRSABCD Action Plan assists you to prioritise both the assessment of the casualty and your management of the casualty.



'D' - Check for Danger

- ✓ To yourself, casualty and others
- ✓ Use all your senses
- ✓ Consider body fluids (blood, vomit, urine, sweat, saliva, faeces)
- Wear gloves, use face shields and eye protection

Consider potential hazards:

- ✓ Isolated environment
- ✓ Aggressive casualties or bystanders
- ✓ Fire
- ✓ Electricity
- ✓ Working at heights
- ✓ Working in confined spaces

'R'- Response

Levels of Consciousness:

- ✓ Fully conscious – responsive, alert, aware of time and place
- ✓ Semi-conscious – drowsy or confused
- ✓ Unconscious – unresponsive

Check for response – COWS

Can you hear me?

Open your eyes

What's your name?

Squeeze my hands (both sides)

+ Check for any Medical Identification tags

'S'- Send for Help

No Response:

- ✓ Call for bystanders to help
- ✓ Delegate jobs to bystanders
- ✓ Once you are aware of the seriousness - call for medical help/ambulance

What should I say??!

- ✓ Call 000 for an ambulance
- ✓ Ask for ambulance services
- ✓ Provide the following:
 - Exact address of the emergency
 - Phone number you are calling from
 - What the problem is
 - Is the casualty conscious?
 - Is the casualty breathing?
 - Any hazards at the scene
 - Answer any questions
- ✓ Don't hang up until told to do so

'A'- Airway – Check in the mouth

- ✓ If casualty is lying on their back, leave in position
- ✓ Open their mouth and look for foreign material
- ✓ If the casualty is lying face down, turn to the recovery position to check for foreign material

Airway – If foreign material is present in the mouth

- ✓ Turn the casualty into the recovery position while supporting the neck and spine
 - Adults and children – Gently tilt head backwards
 - Infants – keep head in horizontal position
 - The trachea is soft, fragile and may be damaged if backward head tilt or jaw thrust is performed on infants
 - Allow natural drainage of foreign material or use two finger scoop into cheek (only remove dentures if loose or broken)

Airway not clear or unconscious – hands on forehead and head tilt, two finger scoop into cheeks. Do not go behind teeth. If you find an unconscious casualty and while checking their airway, you found loose dentures in the mouth, remove the dentures.

If unconscious - airway always has priority over other injuries including possible spinal injuries.

Recovery Position

Being on the side ensures the airway is maintained and there is less risk of the casualty choking or inhaling their vomit.

Turning the casualty: Two main points here

1. Ensure the head and neck of the casualty are supported
2. Ensure when moving the casualty your own safety is maintained

Remember that an unconscious victim lying on their back is at MOST risk from airway blockage caused by the tongue or by inhaling stomach contents.

'B'- Check for normal Breathing

Look Listen Feel

- ✓ Look for regular rising and falling of chest or upper abdomen
- ✓ Listen for air escaping from mouth or nose
- ✓ Feel for movement of the chest or upper abdomen

An abnormal breathing pattern such as gasping could be identified by the look, listen, feel technique.

'C'- No breathing = CPR

Start **CPR** – first give 30 chest compressions

- ✓ Place your hands on the lower half of sternum in centre of chest
- ✓ Compress lower half of sternum approximately 1/3 of chest depth
- ✓ Compression rate should be approximately 100-120 compressions per minute (almost 2 per second)

Measure up using W between notch at neck and end of sternum.

- ✓ Knees shoulder width apart
- ✓ Locked elbows – fingers off chest
- ✓ Use your body weight through your thighs and abdominal core
- ✓ 1/3 depth with palm in same place each time.

Compressions

Use the correct hand technique

- ✓ Adult – 2 hands
- ✓ Child – Either a one or two hand technique can be used for performing chest compressions in children depending on their size
- ✓ Infant – 2 fingers

When performing CPR on a person, the heel of the hand must be placed on the centre of the chest.

Head must be kept in neutral position when providing CPR to infants.

After 30 compressions, give 2 rescue breaths

- ✓ Ensure casualty's mouth and nose are sealed
- ✓ Blow gently into casualty's mouth until their chest rises
- ✓ Remove your mouth to allow air to be expired from casualty's chest. Observe chest inflation in-between breaths.
- ✓ Give second rescue breath

Drop down on elbow ... pinch nose and tilt head – large mouth (no kissing).

Watch for lung movement in between breaths.

It is recommended that the first aider should place their widely opened mouth over the infant's mouth and nose when providing ventilations.

When providing rescue breathing or ventilations:

- ✓ There is a very low risk of disease transmission.
- ✓ It is reasonable to provide rescue breathing without a barrier device.
- ✓ First aiders may consider using a barrier device, if available. Used face shield or pocket mask, if available.

Follow latest advice from relevant Government and health organisations and personnel.

Continue CPR

- ✓ Repeat cycles of 30 compressions and 2 breaths at rate of approximately 5 cycles every 2 minutes.
- ✓ * 30:2 *
- ✓ It is the same ratio for 1 or 2 operators.
- ✓ It is the same ratio for adults, children and infants.

No checking for pulse anymore, as searching wastes valuable time.

Put it all together:

Demonstrate five cycles in two minutes

- ✓ Watch for any signs of the return of normal breathing and response
- ✓ If normal breathing returns place casualty on their side
- ✓ Check response and breathing every 2 minutes

Can I stop? Yes you can

- ✓ If you are too physically exhausted to continue
- ✓ When a medical practitioner pronounces the casualty as deceased.
- ✓ The casualty responds and begin breathing normally again
- ✓ Another person takes over.

While providing CPR to a pregnant woman, place a padding under the right hip while both shoulders remain flat on the ground.

'D'- Defibrillation

- ✓ Defibrillation is used to treat cardiac arrest.
- ✓ When cardiac arrest occurs the heart beats erratically.
- ✓ If not treated quickly Asystole will occur (heart stops) and leads to death.
- ✓ Defibrillation provides a measured shock to correct an erratic rhythm.
- ✓ Early defibrillation is vital to provide the best chance of survival.

Using the defibrillator – AED

- ✓ Ensure casualty has no signs of life and area is safe (e.g. away from water and metal surfaces).
Defibrillation on a wet surface, for example poolside, is not dangerous.
- ✓ Switch AED on.
- ✓ Follow voice prompts.
- ✓ Remove pads from wrapping and apply promptly to bare chest.
 - Ensure chest area is dry and as hair free as possible.
 - Place pad in anterior-lateral position (one pad slightly below the collar bone on the person's right chest and one pad on the person's left side below the arm pit).
 - Avoid placing pads over implantable devices. If there is an implantable medical device the defibrillator pad should be placed at least 8cm from the device. Do not place AED electrode pads directly on top of a medication patch because the patch may block delivery of energy from the electrode pad to the heart and may cause small burns to the skin. Remove medication patches and wipe the area before attaching the electrode pad.
- ✓ Allow AED unit to analyse casualty's heart rhythm.
- ✓ If advised administer shock
 - Ensure nobody is touching the casualty - by calling out 'everybody stay clear! Delivering shock!'. Visually observe the area around casualty before pressing shock button.
 - Press Shock button
- ✓ Once shock is delivered continue CPR and follow voice prompts.
- ✓ SAFETY is vital, so ensure scene is safe and nobody is touching casualty prior to administering shock

Maintenance procedures for an AED

- ✓ Check if there is any crack on the exterior component and socket.
- ✓ Check the quantity, sealing and expiry of AED pads and spare battery pack.
- ✓ Clean and store the AED in its designated location.
- ✓ Ensure to replace batteries or charge the AED, as appropriate.
- ✓ Check the AED unit and accessories for any dirt and contamination.

Your trainer will go through the DRSABCD Action Plan in greater detail during the workshop.

Review of basic anatomy and physiology

- ✓ The sternum is a long flat bone located in the centre of the chest.
- ✓ A conscious person may respond to talk and touch and an unconscious person will not respond to talk and touch.
- ✓ To open the airway of an adult or child you must tilt head backwards until it stops (full head tilt), support the jaw and open their mouth.

Documentation – key points

- ✓ Stick to facts.
- ✓ Remember to maintain the casualty's privacy and the confidentiality of information.
- ✓ Consider retaining own copy of the first aid record for future use, such as a court hearing or assisting with providing police with information, as applicable.

First aid records are confidential, and information should only be released if requested by a legally authorised person.

Choking

Adult/Child (over 1 year old)	Infant (under 1 year old)
✓ Encourage casualty to relax and breathe deeply. ✓ Ask casualty to cough to remove object. ✓ If blockage remains: • Bend casualty forward. • Give 5 sharp blows with the heel of your hand between the shoulder blades. • Check to see if each back blow had relieved the airway obstruction. • If unsuccessful give 5 chest thrusts. • Check to see if each chest thrust had relieved the airway obstruction. ✓ If blockage continues alternate 5 back blows with 5 chest thrusts until medical help arrives. ✓ If casualty becomes unconscious... CPR. NB – Need to establish that the person is not an asthmatic or having an anaphylactic reaction Noise is good as it means air is getting into lungs. The universal choking sign is clutching the neck with the thumb and fingers.	✓ An infant may be placed in a head downwards position prior to delivering back blows, i.e. across the rescuer's lap. • Supporting head and shoulders, hold infant's mouth open with your fingers. • Give 5 back blows with the heel of your hand in between the shoulder blades. Check to see if each back blow has relieved the airway obstruction. • If unsuccessful give 5 chest thrusts. With each chest thrust, check to see whether the airway obstruction has been relieved. ✓ If blockage continues alternate 5 back blows with 5 chest thrusts until medical help arrives. ✓ If infant becomes unconscious ... CPR.

Wounds and bleeding

A wound is a break in the continuity of tissues of the body. There are different types of wounds which may require different techniques to care for them.

Types of Wounds	General Management of wounds
▪ Abrasion or graze ▪ Incision ▪ Laceration ▪ Puncture ▪ Amputation	✓ Regardless of the type of wound, the same management steps apply: ✓ Control the bleeding ✓ Clean the wound if possible and apply a non-adhesive dressing to prevent infection ✓ Seek medical aid if necessary or if in doubt.

If a wound is not bleeding, clean the wound thoroughly with sterile gauze soaked in saline or cooled boiled water. Then apply a non adherent dressing.

Dirty, penetrating or open wounds should be checked out by a doctor as tetanus or other infections may result if there is dirt or a foreign material in the wound.

Managing bleeding - general

When managing bleeding:

- ✓ Apply pressure until bleeding stops.
- ✓ If the bleeding is life-threatening, prioritise to control bleeding before any other intervention.
- ✓ A tourniquet should be used for life-threatening limb bleeding if unable to be controlled by direct wound pressure (if trained in its use).
- ✓ If a wound site is not suitable for tourniquet, or a tourniquet is not available or the application of a tourniquet has failed to stop the bleeding, apply a haemostatic dressing, if trained in its use and one is available.

Bleeding should be managed as severe, life-threatening bleeding when:

- ✓ Amputated limb above ankle and wrist
- ✓ Bleeding not controlled by local pressure
- ✓ Bleeding with signs of shock

Control of bleeding takes priority over airway and breathing interventions in life-threatening bleeding.

Managing a small cut	Needlestick injuries
When managing a small cut with minimal bleeding (minor skin injury caused by any sharp objects such as needles, sharp papers, blades, parts of a machine, knife): ✓ Apply pressure until bleeding stops. ✓ Wash the injured site. ✓ Apply a dressing to cover the cut.	✓ Wash the area gently with soap and running water. ✓ Do not squeeze or rub the injury site. ✓ Apply a clean dressing. ✓ Obtain medical advice from the doctor for all needlestick injuries from used needles.

Internal Bleeding



Internal bleeding may be difficult to recognize and has many causes including injuries sustained from a violent blunt force, stabbing injuries which damage internal organs as well as some medical conditions such as stomach ulcers. You should always suspect it when a casualty shows the signs and symptoms of shock or has been involved in an incident that may have caused internal injuries.

Signs and symptoms

- ✓ History of incident likely to cause internal injuries.
- ✓ Medical condition likely to cause internal bleeding.
- ✓ Shock
- ✓ Pain, tenderness or swelling around injured area.
- ✓ Hard, rigid abdominal muscles
- ✓ Blood coming from any body opening including:
 - Bright red or frothy blood coughed up from lungs.
 - Vomit containing bright or dark blood.
 - Blood-stained urine or stools.
 - Vaginal or penis bleeding.
 - Rectal bleeding (bright red or black and 'tarry').

Vital steps

- ✓ DRSABCD
- ✓ Call ambulance
- ✓ Lie casualty down or if coughing sitting up will be more comfortable
- ✓ Follow Basic Life Support steps
- ✓ Reassure casualty and try to keep them comfortable
- ✓ Raise the legs or bend the knees
- ✓ Loosen tight clothing
- ✓ Do not give casualty anything to drink or eat
- ✓ Treat casualty for shock
- ✓ Monitor and record vital signs

External bleeding

Bleeding is the escape of blood that can happen when arteries, veins or capillaries are damaged or ruptured. It is important to limit any blood loss as quickly as possible as losing large amounts of blood can be life threatening. External bleeding is usually obvious because you can see the blood outside the body.

The best way to control external bleeding is to apply pressure directly on or as near as possible to the site of the bleeding. Different types of wounds may require different techniques to care for them – incision; laceration; embedded; amputation; evulsion tear; degloving/descalping; graze. Discuss each one.

When controlling bleeding you should **always** try to use the recommended standard precautions to reduce the risk of cross infection.

Signs and symptoms

- ✓ Visible blood loss from one or more wounds
- ✓ Pain at site of wound
- ✓ Signs and symptoms of shock

Vital steps – Part 1

- ✓ Investigate wound carefully
 - Determine exact location and size
 - Look for any embedded objects in wound
 - Check for possible fractures
- ✓ Apply and maintain firm direct pressure to stop bleeding
 - Use sterile or clean pad where possible
- ✓ If nothing else available use your hands to apply pressure

Vital steps – Part 2

- ✓ Call ambulance if injury is severe
- ✓ Restrict movement of injured area
- ✓ Reassure casualty and try to keep them comfortable
- ✓ Monitor casualty's vital signs

Embedded objects



When there is an object embedded in a wound, it may not be possible to apply pressure directly onto the wound to control the bleeding. You need to apply indirect pressure around the wound to slow the flow of blood to the wound to reduce any blood loss and assist the natural blood clotting process.

Demonstrate bandaging by padding around wound and bandaging around protruding object.

Participants to practice bandaging for a protruding wound.

RULE No 1 – DO NOT REMOVE THE OBJECT!

Vital steps – Part 1

- ✓ Investigate wound to determine exact location and size of embedded object
- ✓ Do not remove embedded object
- ✓ Use pads, dressings and bandages to apply and maintain pressure around the object making sure the object is not dislodged or pushed in further
- ✓ **Call ambulance**

Vital steps – Part 2

- ✓ Restrict movement of injured area
- ✓ Reassure casualty and try to keep them comfortable
- ✓ Monitor casualty's vital signs

Amputations



When a body part has been amputated you must **always** care for the casualty and control any bleeding before looking after the amputated part. After caring for the casualty you should then recover the amputated part if it does not put you in danger (**do not** remove any amputated parts from gloves or footwear – treat the gloves or footwear as an amputated part).

Hand/arm - bandage up and across chest.

Foot/lower leg area – bandage and elevate limb.

Vital steps - casualty

- ✓ DRSABCD
- ✓ Control bleeding by applying direct pressure to injured area
- ✓ Elevate injured area if possible
- ✓ **Call ambulance**
- ✓ Reassure casualty and try to keep them comfortable
- ✓ Treat casualty for shock
- ✓ Monitor casualty for general well being

Vital steps - amputated part

- ✓ Keep the part as clean, cool and dry as possible using anything available
- ✓ If possible:
 - Wrap the amputated body part in gauze and place in a watertight container or plastic sealed bag
 - Position the watertight container or plastic sealed bag in cold iced water.
- ✓ **Do not** wash the amputated body part or put the amputated body part in water or any sort of liquid
- ✓ **Do not** let the amputated body part come in contact with the ice or water
- ✓ Ensure the amputated part is sent to the hospital with the casualty.

Nosebleed

Bleeding from the nose can have a number of different causes. A nosebleed usually responds well to first aid but if you suspect it may be caused by a head injury or by high blood pressure you should seek medical aid.

- ✓ If nosebleed is caused by a head injury call ambulance
- ✓ Pinch together the soft part of the nose (below the bridge of the nose) and hold equal pressure for 10 minutes
- ✓ Have casualty lean forward and spit out any blood in mouth
- ✓ Have casualty breathe through mouth
- ✓ Have casualty rest for at least 10 minutes (20 minutes on a hot day or after exercise)
- ✓ If bleeding continues for more than 20 minutes seek medical aid

Typical signs and symptoms of a nosebleed

- ✓ Bleeding from one or both nostrils
- ✓ A sensation of flowing liquid at the back of the throat
- ✓ The urge to swallow frequently.

A casualty with protruding intestines

- ✓ Lightly cover any protruding intestines with a clean and moist non-stick dressing to prevent evaporation.
- ✓ DO NOT give the casualty anything to eat or drink.
- ✓ Call 000.
- ✓ Monitor the person.

Shock

Shock occurs when there is a lack of circulating blood volume; this causes a rippling effect as there is insufficient supply of oxygen and nutrients to the cells and tissues of the body. Potential causes of shock include bleeding, burns, vomiting or diarrhoea, heart failure, pain, severe allergic reaction and even emotional trauma.

The physical injuries may not appear to be severe but if the blood volume is too low to meet the body's needs and to remove waste products from body cells and tissues then life threatening consequences may occur.

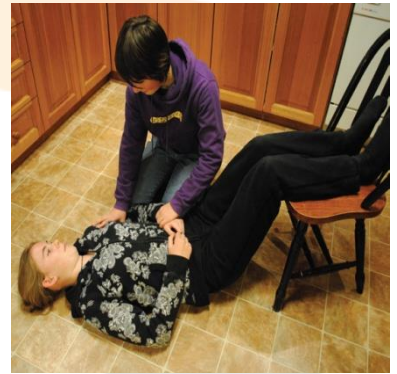
Signs and symptoms:

- ✓ Rapid or weak pulse
- ✓ Pale, cool, sweaty skin
- ✓ Rapid, shallow breathing
- ✓ Feeling dizzy or light-headed
- ✓ Feeling anxious or restless
- ✓ Nausea or vomiting
- ✓ Feeling thirsty
- ✓ Feeling confused or drowsy
- ✓ Deteriorating level of consciousness
- ✓ Extremities become a blue like colour (cyanosis).

If the casualty suffers from Anaphylactic Shock, they should have their EpiPen or Anapen with them....ASK THEM!

First Aid Management for shock:

- ✓ DRSABCD
- ✓ Call for an ambulance
- ✓ Raise the casualty's legs (unless fractured or a snake bite) above the level of the heart – place head flat on the floor.
- ✓ Reassure the casualty
- ✓ Manage any bleeding, burns and immobilise any fractures
- ✓ Loosen any tight clothing at neck, chest and waist.
- ✓ Maintain casualty's body temperature.
- ✓ If thirsty moisten lips (no food or fluid by mouth)
- ✓ Monitor breathing, pulse, skin colour and level of consciousness at regular intervals.
- ✓ Place the casualty in the recovery position if there is breathing difficulty, the casualty becomes unconscious or is likely to vomit.



Fractures

A fracture is when a bone is broken, either partly or completely. There are several types of fractures, however as a first aider the most common fractures that you will be able to identify are a “closed” fracture, where the skin has not been broken and an “open” fracture, where the bone has pierced the skin or there is a wound leading to the broken bone. Both open and closed fractures can be “complicated”. A complicated fracture is where there has been damage to the surrounding nerves, tissues or organs caused by the broken ends of the bones. A complicated fracture and a fracture of a large bone can also cause major internal or external blood loss and severe shock.



Fractures can be caused by either direct or indirect force. Other indirect fractures can occur when a muscle pulls violently on a bone, separating a fragment.

Signs and symptoms

- ✓ Pain at or near the site of injury
- ✓ “Snap” of bone can be felt or heard
- ✓ Swelling, inflammation or bruising
- ✓ Tenderness at or near site of fracture
- ✓ Redness or bruising
- ✓ Bleeding (open fracture)
- ✓ Loss of strength, movement or function
- ✓ Deformity
- ✓ A coarse grating sound is heard or felt as the bones rub against each other.
- ✓ Signs and symptoms of shock

Complications

Any fractures can be complicated by injury to adjoining muscles, blood vessels, nerves and organs. Fractures of large bones usually result in considerable blood loss and shock.

Aims of fracture management

- ✓ Immobilise the injured part in order to lessen pain.
- ✓ Reduce serious bleeding and shock.
- ✓ Prevent further internal or external damage.
- ✓ Prevent a closed fracture from becoming an open fracture.

Vital steps

- ✓ Control any bleeding
- ✓ Avoid moving injured part if possible
- ✓ Support and immobilise injured part in the position you find it
- ✓ Reassure casualty and try to keep them comfortable
- ✓ Treat casualty to minimise shock
- ✓ Call ambulance
- ✓ Do not try to straighten broken bones
- ✓ Do not move casualty unless in danger

NO attempt should be made to force the fracture back into place.

Management

1. Apply the DRSABCD Action Plan.
2. Assist casualty to remain as still as possible.
3. Control any bleeding and cover any wounds.
4. Observe casualty carefully and reassure.
5. Manage shock.

Sprains and Strains

A sprain occurs when the ligaments holding a joint together are overstretched or torn. A strain is where the fibres of a muscle or tendon are overstretched or torn.

Signs and symptoms

- ✓ Pain or tenderness at injury site
- ✓ Swelling, discolouration or bruising
- ✓ Loss of power or movement in affected area
- ✓ Signs and symptoms of shock

Vital steps – Part 1

- ✓ Have casualty stop any activity immediately
- ✓ **Rest**
 - Rest and support injured area
- ✓ **Ice**
 - Apply wrapped ice-pack or cold compress to injured area
 - Use an ice-pack for 10-20 minutes every hour for first 48-72 hours
 - Remove ice-pack immediately if it starts to become painful
 - **Do not** apply ice directly to bare skin

Vital steps – Part 2

- ✓ **Compression:** Apply a firm bandage to the injured area that does not cause any further pain or restrict circulation to the area
- ✓ **Elevation:** Raise the injured area (above the level of the heart) if possible
- ✓ **Referral:** Casualty should be referred to medical aid to make sure there is not any serious damage and to get the best treatment advice

Dislocations

A dislocation occurs when one or more bones are displaced from its normal position at a joint – most commonly at the shoulder, knee and fingers. It can be difficult to tell if such an injury is a dislocation or fracture. If in doubt always treat the injury as a fracture.

Signs and symptoms	Vital steps
✓ Pain or tenderness ✓ Deformity ✓ Swelling, inflammation or bruising ✓ Unable to move joint normally ✓ Signs and symptoms of shock	✓ Support and immobilise injured area ✓ Elevate if possible ✓ Apply ice pack/cold compress ✓ Treat to minimise shock ✓ Do not try to relocate injured part ✓ Seek medical aid or if injury is severe call ambulance

Follow **RICE**:

- Rest the patient and the injured part
- Apply Ice pack wrapped in a damp cloth or a cold compress for 15 minutes, every 2 hours for 24 hours, then for 15 minutes every 4 hours for 24 hours
- Apply a Compression bandage firmly to extend well beyond the injury
- Elevate the injured part.

If the application of the ice pack does not help seek medical aid.



Bites and Stings

Dog, cat and other animal bites

Any bite that breaks the skin can cause an infected wound. Animal bites can cause serious bleeding as well as damage to muscles and other tissues. The casualty should seek medical aid for any animal bite.

Vital steps

- ✓ Make sure there is no danger of further attack
- ✓ Control any bleeding
- ✓ Clean wound thoroughly using soap and water
- ✓ Apply sterile dressing
- ✓ Seek medical aid as there can be a risk of tetanus or other infection
- ✓ If wound is serious or casualty is in shock call ambulance

Bites and stings fall into four main categories: Insects – Spiders – Snakes - Marine

Bee



Centipede



European Wasp



Scorpion



Tick



Red-Back



Funnel Web



Bluebottle



Box Jellyfish



Stonefish



Stingray



Bullrout



Blue Ring Octopus



Irukandji Jellyfish



Cone Shell



Envenomation – Marine - At a glance

Bluebottle Stonefish Stingray	Apply hot fluid
Jellyfish Irukandji and Box	Flood the entire stung area with vinegar for at least 30 seconds.
Blue Ring Octopus and Cone Shell	Apply pressure immobilisation bandage

Leeches – don't pull off as the leech will leave anti coagulant and area will bleed. Apply salt to the leech and it will drop off.

Envenomation - Fish Stings

Signs and symptoms ✓ Intense pain, may lead to irrational behaviour ✓ Swelling ✓ Bleeding ✓ Occasionally grey/blue discolouration	Management ✓ Call an ambulance ✓ Check for bleeding and control bleeding if sting is to the chest and abdomen. ✓ Do not remove if there is an embedded object (e.g. barb from a stingray sting) and place padding around the object and apply pressure. ✓ If the sting is to a limb, immerse the affected part in hot water (as tolerated) and transfer casualty to a healthcare facility.
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Envenomation - Jellyfish Stings

Signs and symptoms

- ✓ Difficulty in breathing
- ✓ Cardiac arrest
- ✓ Intense pain
- ✓ Restlessness
- ✓ Irrational behaviour
- ✓ Nausea, vomiting, headache
- ✓ Profuse sweating, mostly in the sting area.

Management- Tropical Australia ✓ Immediately remove the victim from the water ✓ Call an ambulance if the victim seems unwell ✓ Provide CPR if unconscious ✓ Apply vinegar for 30 seconds to the affected area (not for bluebottle stings) ✓ Pick off tentacles if present and apply cold compress ✓ Can use seawater to rinse but fresh water is not recommended ✓ If the casualty is showing severe symptoms within 30 minutes, urgent medical attention is required	Management- Non-Tropical Australia ✓ Reassure and keep the casualty under observation ✓ Avoid rubbing the sting area ✓ Pick off tentacles if present ✓ Rinse the affected area with seawater ✓ Immerse stung area in hot water for 20 minutes (as tolerated) ✓ Apply cold compress if no relief using hot water ✓ If pain persists, call an ambulance.
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Envenomation - Blue-Ringed Octopus and Cone Shell

Signs and symptoms ✓ Painless bite ✓ Blood spot visible ✓ Numb lips and tongue ✓ May lead to cessation of breathing	Management ✓ Call an ambulance ✓ Reassure the victim and place under observation ✓ Use pressure immobilisation technique ✓ Take to the nearby hospital by ambulance ✓ If unresponsive, provide CPR
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Envenomation - Funnel Web Spider

Signs and Symptoms ✓ Tingling around the mouth ✓ Pain where bitten ✓ Intense sweating ✓ Profuse secretion of saliva ✓ Nausea, vomiting and abdominal pain ✓ Muscular twitching ✓ Difficulty in breathing ✓ Confusion leading to unconsciousness	Management ✓ Call an ambulance ✓ Apply pressure immobilisation technique ✓ Provide CPR if unconscious
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Red-Back Spider

Signs and Symptoms ✓ Intense pain at the bite site (can become hot, swollen and red) ✓ Intense sweating, especially at the bite area ✓ Nausea, vomiting and abdominal pain ✓ Difficulty in breathing ✓ If bitten on a limb, swollen tender glands in the groin or armpit of the affected limb	Management ✓ Keep the casualty under observation ✓ Apply cold compress to the affected area to ease pain (not more than 20 minutes) ✓ Seek immediate medical attention.
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Envenomation - Tick Bites and Bee, Wasp and Ant Stings

Signs and symptoms ✓ Immediate and intense pain at the affected area ✓ Swelling and redness at the affected area ✓ Allergic reaction/anaphylaxis ✓ Abdominal pain and vomiting if allergic to insect venom	Management ✓ Commence CPR if not breathing ✓ If the casualty is having an anaphylactic reaction, follow first aid for anaphylaxis ✓ In the case of a bee sting, remove the sting, by any means without compressing the venom sac e.g. scrape it out, as quickly as possible ✓ Remove the tick, in case of tick bite, if there is no history of tick allergy. ✓ Freeze the tick, using a product that rapidly freezes and kills the tick, and allow it to drop off. In most cases ether-containing sprays will kill the tick within five minutes, and it will drop off the skin. ✓ If allergic to tick, kill the tick immediately, instead of removing. The goal in Australasia is killing the tick in situ, to prevent transmission of tick allergens, which can be followed later by removal of the entire tick. ✓ If in a remote area, consult a healthcare professional. If the tick does not drop off, or you can't freeze the tick, leave the tick in place and seek urgent medical assistance to remove the tick. It is unsafe to insert fine tweezers between the skin and the tick mouthpiece and lever the tick out. This does not prevent tick allergy or anaphylaxis, and therefore ASCIA advises against this method. For additional information, refer to https://www.allergy.org.au/ and https://www.tiara.org.au/ ✓ To reduce pain and swelling, apply a cold compress except for ticks as the cold pack placement may disturb the tick, triggering an allergic reaction. ✓ Refer the victim to hospital if sting is to the face or tongue.
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Snake bites

Bites from a number of Australian venomous snakes can be fatal. To greatly reduce the risk of a snake bite proving fatal, you should provide the correct first aid for snake bite as soon as possible and seek prompt medical aid.

DO NOT take snake to the hospital – they do not want snakes.

Signs and symptoms	Management
✓ Paired fang marks ✓ Headache, nausea and vomiting ✓ Abdominal pain ✓ Blurred vision or double vision ✓ Difficulty in speaking, swallowing or breathing ✓ Limb weakness or paralysis ✓ Swollen tender glands in the groin or armpit of the bitten limb ✓ Respiratory weakness or arrest	✓ Call an ambulance ✓ Reassure the casualty ✓ Keep the casualty immobilised under observation. Assist the casualty to the ground and instruct to lie down and stay still - no movements. ✓ Apply pressure immobilisation bandaging from tips of fingers/toes and up the full length of the limb. ✓ Do not wash the venom off the skin, it can be used to identify the type of snake that bit the casualty ✓ Do not cut the bitten area ✓ Do not try to suck the venom out of the wound ✓ Do not use a constrictive bandage ✓ Do not try to catch the snake ✓ Provide CPR if the casualty is not breathing

Pressure Immobilisation Technique

- ✓ Reassure casualty and keep them still and calm
- ✓ Apply a broad (10-15cm wide) pressure bandage over bite site
- ✓ Apply another broad pressure bandage starting at toes or fingers and bandage up limb as far as possible
- ✓ Bandage should be as firm as for a sprained ankle but not tight enough to stop blood flow
- ✓ Splint limb to prevent any muscle, limb or joint movement
- ✓ Keep casualty and limb completely still
- ✓ Make sure **ambulance** has been called
- ✓ If bite is not on a limb, keep casualty completely still and calm and apply firm direct pressure on bite site.

DO NOT wash the venom off the skin

DO NOT cut the bitten area

DO NOT try to suck venom out of wound

DO NOT use a constrictive bandage

DO NOT try to catch the snake

General Management

Pressure Immobilisation	Ice or Cold Pack	Hot Fluid	Vinegar
Snakes Funnel web and Mouse Spiders Blue Ring Octopus Cone Shell Allergic reactions to any bite or sting	Bee Wasp Centipedes Scorpions Red Back Spider Ant and Tick	Stonefish Bullrout Stingray Bluebottle	Box Jellyfish Irukandji Jellyfish

Poisons

Exposure to poisons can occur in many ways and can be accidental or deliberate.

Poisons can enter the body by being:

- Inhaled – breathed in through the mouth or nose
- Ingested – swallowed accidentally or deliberately
- Absorbed – through the skin
- Injected – by people or via bites and stings

If you think a casualty has been exposed to a poison **do not** wait for symptoms to appear. Call the **Poisons Information Centre** on **13 11 26** anytime from anywhere in Australia.



Signs and Symptoms

The signs and symptoms of poisoning depend on the nature of the substance and, in some cases, how it entered the body. Any of the following may occur:

- | | |
|--|--|
| ✓ Abdominal pain | ✓ Seizures |
| ✓ Drowsiness | ✓ Smell of fumes |
| ✓ Nausea and/or vomiting | ✓ Odour on breath |
| ✓ Burning pain from mouth through to stomach | ✓ Bite or injection marks, with or without |
| ✓ Difficulty breathing | ✓ local swelling |
| ✓ Tight feeling in chest | ✓ Contamination of skin |
| ✓ Headache | ✓ Change of colour; blueness around lips |
| ✓ Ringing in ears | ✓ Burns around and inside mouth or on tongue |
| ✓ Blurred vision | ✓ Sudden collapse |

General management

- ✓ DRSABCD.
- ✓ Call triple zero (000) for an ambulance.
- ✓ Call fire services if atmosphere is contaminated with smoke or gas.
- ✓ With a conscious patient - listen to history and give reassurance.
- ✓ Call Poisons Information Centre 13 11 26.

DO NOT try to induce vomiting, but if the casualty does vomit, you should send as much of the vomit as possible to the hospital with them.

DO NOT give the patient anything to eat or drink.

Wash corrosive substance off mouth and face with water or wipe it off.

With inhaled poisons - move casualty to fresh air if possible.

Managing a casualty who has inhaled a toxic substance:

- ✓ Immediately get the person to fresh air, without placing yourself at risk.
- ✓ Avoid breathing fumes. Special breathing apparatus may be required, for example, with cyanide or agricultural chemicals poisoning.
- ✓ If it is safe to do so, open doors and windows wide.

Allergic Reactions

An allergic reaction happens when a person's immune system overreacts to a substance that should normally be harmless. The substance or allergen may be swallowed, inhaled, absorbed through the skin or injected. An allergic reaction may be mild to severe; a severe allergic reaction is known as Anaphylaxis.

Signs and symptoms of allergic reactions:

- ✓ Swelling and redness of the skin
- ✓ Itchy, raised rash
- ✓ Sneezing
- ✓ Nausea and vomiting
- ✓ Dizziness

Anaphylaxis

Signs and symptoms	Management
✓ Swelling and redness of the skin ✓ Itchy, raised rash (hives) ✓ Swelling of the throat ✓ Wheezing and/or coughing ✓ Breathing and/or speech difficulties ✓ Nausea and vomiting ✓ Dizziness or unconsciousness	✓ Assess DRSABCD ✓ Lay person flat. Do NOT allow them to stand or walk. If unconscious, place in recovery position. If breathing is difficult allow them to sit. ✓ Ask patient if they have an adrenaline auto injector ✓ Assist to administer the adrenaline auto injector or administer yourself ✓ Call triple zero (000) for an ambulance ✓ If patient is unconscious, follow DRSABCD

It is important that casualty is transferred to hospital following Adrenaline (epinephrine) administration for further observations and monitoring.

Auto Injector

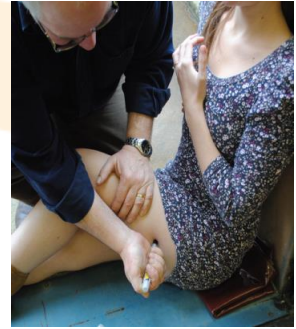
- ✓ The common brands are EpiPen and Anapen which contains Adrenaline
- ✓ Instructions for use on external surface of pen

Instructions for use and expiry date on external casing. **Important points:**

Adrenaline (epinephrine) injected into the outer mid-thigh works rapidly to reverse the effects of anaphylaxis and is the first line treatment for anaphylaxis.

Can go through clothing but avoid seam and zips.

Do not share pens – each person must have own pen.



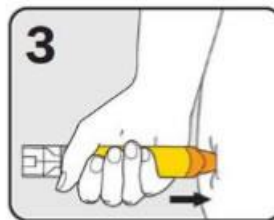
How to give EpiPen® adrenaline (epinephrine) autoinjectors



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

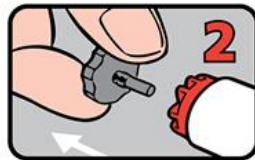


3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds REMOVE EpiPen®

How to give Anapen® adrenaline (epinephrine) autoinjectors



PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Reference:

<https://www.allergy.org.au/hp/anaphylaxis/how-to-give-epipen>

Reference:

<https://www.allergy.org.au/hp/anaphylaxis/how-to-give-anapen>

The Australasian Society of Clinical Immunology and Allergy (ASCI) and Allergy and Anaphylaxis Australia provide first aid plans and guidelines for anaphylaxis.

Burns

A burn injury can have many causes including flame; hot objects; hot liquids or gases; electricity; chemicals (such as acids); friction (such as carpet or rope burns); radiation (sunburn is the most common), and extreme cold. Although there is no bleeding, burn injuries result in fluid loss, loss of temperature control and damage of varying degrees of underlying layers of tissue and nerves. Damage may include the respiratory systems and eyes. The probability of the patient going into shock is very high. Besides the physical trauma, burns can cause mental health problems for injured person as it may result in altered body image, disfigurement and disability.

To stop the burn getting worse all burns need first aid treatment as quickly as possible. You need to stop the burning process, cool the burnt area and the cover the burn. Before treating any burn you **must** make sure it is safe to do so.

Sunburn	Thermal	Friction	Electrical	Chemical
Most common is sunburn	Fire, steam, hot objects or liquids in direct contact with the body	Heat generated when skin rubs on materials such as rope or carpet	Electrical energy from the mains or lightening	Many common chemicals in the home cause burns e.g. pool acid, caustic soda

Electrical burns – look for entry point (flesh tends to be white), wound at exit point tends to be worse. Remember the tissue in between these two points is burnt (i.e. on the inside).

Electrical burns often result in:

- ✓ Respiratory and cardiac system issues
- ✓ Loss of consciousness
- ✓ Trauma

Remove casualty from danger:

- ✓ DRSABCD
- ✓ Remove the source of the burn
- ✓ Stop the burn: STOP, DROP, COVER AND ROLL
- ✓ Check injuries

Cool the burnt area:

- ✓ Hold burnt area under cool gently running water for at least 20 minutes
- ✓ Chemical burn – at least 20 minutes
- ✓ Bitumen burn – 30 minutes
- ✓ Eye burn – flush for 20 minutes

Remove any constrictions:

- ✓ If possible, remove all rings, watches, jewellery or other constricting items from the affected area without causing further tissue damage. Remove wet, non-adherent clothing as clothing soaked with hot liquids retains heat.
- ✓ Cover the burnt area with a loose non-stick dressing, preferably clean material e.g. plastic cling film. Place the cling film over the burn but do not wrap around a limb. Do not use cling film on the face.
- ✓ Cover unburnt areas and keep the person warm to reduce the risk of hypothermia particularly small children who may develop hypothermia quickly. Where feasible elevate burnt limbs to minimise swelling.
- ✓ Calm casualty – Manage shock - Call ☎ 000

The purpose of the cool running water is to return the burnt area to normal temperature. It can take up to 20 minutes. With bitumen burns continue the cooling for 30 minutes but no longer.

Clothing, jewellery and rings may be removed unless stuck. If a person's clothing is on fire, manage by applying the action of STOP-DROP-COVER-ROLL.



Burns - Warning

- DO NOT** apply lotions, ointments or oily dressings
- DO NOT** prick or break blisters
- DO NOT** give alcohol
- DO NOT** over cool patient
- DO NOT** Use towels, cotton wool, blankets or adhesive dressings directly on burn
- DO NOT** remove clothing stuck to burnt area.
- DO NOT** peel off adherent clothing or burnt substances.
- DO NOT** use ice or ice water to cool the burn as further tissue damage may result.

Seek medical aid if:

- ✓ Burn involves airway, hands, face, feet or genitals
- ✓ Burn is deep, even if casualty does not feel any pain
- ✓ A superficial burn is bigger than a 20 cent piece
- ✓ You are unsure about the severity of the burn.

Burns – Immediate Action

- ✓ Inhalation burn - Provide fresh air immediately
- ✓ Electrical burns - Do not touch the casualty before turning off the power supply
- ✓ Radiation burns - Cover with a clean, dry dressing to prevent infection
- ✓ Chemical burns - If there is chemical contact with the eye, flush immediately with water

Asthma



During an asthma attack a casualty can experience difficulty breathing which is caused by inflammation, swelling and narrowing of the airways in the lungs. Usually, it is breathing out that is most difficult and noisy.

Signs and symptoms vary:

- ✓ Unable to get enough air
- ✓ Coughing, wheezing
- ✓ Progressively more anxious, panicky or subdued
- ✓ Pale, sweating
- ✓ Blue around lips, fingertips, ear lobes
- ✓ Unconscious
- ✓ Tightness of the chest
- ✓ Unable to speak more than two words per breath

Vital steps – Part 1

- ✓ If the attack is severe, call an ambulance immediately and take the following steps.
- ✓ If the attack is normal, take the following steps.
 - Reassure casualty and sit them comfortably upright
 - Do not leave casualty alone
 - Give 4 puffs of reliever medication, preferably using a spacer device
 - Give 1 PUFF, casualty takes 4 breaths in and out through the spacer.
 - Repeat the process total of 4 PUFFs and wait 4 min.
 - The first aider must shake the inhaler before each puff.
 - Monitor for improvement.

Vital steps – Part 2

- ✓ If casualty's condition becomes worse, call ambulance and keep repeating the steps above until ambulance arrives or condition improves
- ✓ If unconscious, follow Basic Life Support steps

Asthma Australia also provides guidelines on managing asthma emergencies.

First Aid Management:

- ✓ Follow DRSABCD.
- ✓ Assist the patient, if conscious, into a comfortable position - usually sitting upright.
- ✓ Be reassuring and ensure adequate fresh air.
- ✓ Assist with prompt administration of medication - give 4 puffs of a reliever inhaler (puffer) with 4 breaths in between puffs. Stop for 4 minutes.
- ✓ If there is no improvement after 4 minutes, give another 4 puffs with 4 breaths in between puffs.
- ✓ If still no improvement, call triple zero (000) for an ambulance.
- ✓ Keep giving 4 puffs with 4 breaths in between puffs, and 4 minutes breaks until the ambulance arrives.
- ✓ If the patient becomes unconscious, follow DRSABCD.

Stroke

A stroke occurs when the blood supply to the brain is suddenly disrupted either by a blockage or rupture. When brain cells do not receive enough blood these cells begin to die from lack of oxygen. Although many people recover, a stroke can be fatal and is classed as a life threatening emergency.

Signs and symptoms

- Sudden decrease in level of consciousness
- Weakness or paralysis, usually on one side of the body
- Feeling of numbness on face, arm or leg
- Difficulty speaking or understanding
- Unexplained dizziness
- Headache (usually severe)
- Disturbed vision
- Loss of balance
- Confusion

Management

- ✓ Follow DRSABCD
- ✓ Call triple zero (000) for an ambulance

If casualty is conscious:

- ✓ Support head and shoulders on pillows.
- ✓ Loosen tight clothing.
- ✓ Maintain body temperature.
- ✓ Wipe away secretions from mouth.
- ✓ Ensure airway is clear and open.

If casualty is unconscious:

- ✓ Place in recovery position.



Recognise STROKE Think F.A.S.T.

Stroke FOUNDATION

If you see any of these symptoms
Act FAST
call 000

F	A	S	T
Has their FACE drooped?	Can they lift both ARMS?	Is their SPEECH slurred and do they understand you?	Call 000, TIME is critical

Facial weakness – ask the person to smile. Is their mouth droopy on one side?

Arm weakness – ask the person raise both arms. Can they only raise one arm or is one arm weaker?

Speech difficulty – ask the person to repeat a phrase. Is their speech slurred and can they understand what you say?

Time to act fast (Take Action) – if any

If you suspect a stroke has occurred always call an ambulance. In some cases, the signs and symptoms may be temporary, but any casualty experiencing possible stroke symptoms needs urgent medical assessment. Do not give any food or drinks. Reassure the casualty. Lay the casualty on their side and ensure clear airway, if they are unconscious but breathing. Commence resuscitation for unconscious and not breathing casualties.

Diabetes

Signs and symptoms

High blood sugar levels - Hyperglycemia	Low blood sugar levels - Hypoglycemia
✓ Excessive thirst ✓ Frequent need to urinate ✓ Acetone smell on breath ✓ Drowsiness ✓ Hot, dry skin There will normally be a slow onset of symptoms.	✓ Feel dizzy, weak and hungry ✓ Profuse sweating ✓ Look pale and have a rapid pulse ✓ Aggressive behaviour There will normally be a fast onset of symptoms.

Management

A person who suffers from diabetes will generally recognise the symptoms themselves, and know whether their blood sugar level is high or low. They will know what action to take, but they may ask you to help them.

For a person with low blood sugar, give sugar, glucose or a sweet drink (eg. soft drink, but NOT 'diet' soft drinks). Continue giving sweet drinks every 15 minutes until the patient recovers or medical aid arrives.

For a person with high blood sugar, allow patient to self-administer insulin. DO NOT administer it yourself but help if needed.

If unsure whether the patient is suffering from high or low blood sugar, give them something with sugar. Giving anyform of sugar can save a person's life if blood sugar is low; and will not cause undue harm if blood sugar is high.

If there is no immediate recovery, seek medical aid.



Exposure to cold

Hypothermia

Hypothermia is a serious medical condition that occurs when the body temperature drops below 35 C. If the casualty's body temperature keeps falling, their body systems and organs can progressively fail resulting in death (usually from cardiac arrest). Hypothermia is commonly caused by exposure to cold, wet and windy conditions without adequate clothing or protection. Other causes include drugs (especially alcohol and sedatives), trauma, infections and some medical conditions. Infants and elderly people have a higher risk of hypothermia developing. The signs and symptoms of mild hypothermia include shivering, pale and cool skin and slurred speech. Absence of shivering, slow irregular pulse and increasing muscle stiffness may indicate moderate to severe hypothermia.

The signs and symptoms of heat induced illness (hyperthermia) include dry and hot skin, confusion, abnormal walking, weakness, seizures and nausea.

The body normally loses heat by radiation especially from the head, evaporation, breathing, conduction and convection. However certain groups of people are particularly prone to cold-induced conditions. These include the elderly, babies and young children, any those weakened by illness, starvation, fatigue or injury.

Hypothermia is a serious medical condition which occurs when the body temperature drops below 35 C. Hypothermia is commonly caused by exposure to cold, wet and windy conditions without adequate clothing and protection.

Signs and Symptoms

When body temperature first drops, the signs are:

- ✓ Feeling cold
- ✓ Shivering
- ✓ Clumsiness and slurred speech
- ✓ Apathy and irrational behaviour.



As the body temperature continues to drop:

- ✓ Shivering usually ceases
- ✓ Pulse may be difficult to find
- ✓ Heart rate may slow
- ✓ Level of consciousness continues to decline.

General management

The aim is to stabilise core temperature rather than attempt rapid rewarming.

- ✓ DRSABCD.
- ✓ Remove the casualty to a warm, dry place.
- ✓ Protect casualty from wind, rain, sleet, cold and wet ground.
- ✓ Handle gently, avoid activity or movement
- ✓ Remove wet clothing.
- ✓ Wrap casualty in blanket.
- ✓ Cover head to maintain body heat.
- ✓ Give casualty warm drinks if conscious.



Note: Add hot water bottles or heat packs to casualty's neck, armpits and groin if managing hypothermia.

- ✓ Call triple zero (000) for an ambulance if hypothermia is severe and when in doubt.

A space blanket reflects radiated heat back to the body, but it can also conduct heat away. So, some form of insulation such as blankets, sleeping mat, even thick layers of newspaper should be provided either inside or outside of the space blanket.

Frostbite

Frostbite occurs when the skin and underlying tissues become frozen as a result of exposure to below zero temperatures. In superficial frostbite, the skin is white, waxy-looking and firm to touch but the tissue underneath is soft. The patient may feel pain at first, followed by numbness. In deep frostbite, the skin turns grayish-blue. The skin feels cold and hard and there is no feeling.



General management

- ✓ DRSABCD.
- ✓ Remove the casualty to a warm, dry place and prevent further heat loss.
- ✓ Rewarm the frostbitten part with body heat (e.g. place frostbitten fingers in armpit).
- ✓ Handle the frozen tissue very gently to prevent further tissue damage.
- ✓ Call triple zero (000) for an ambulance.
- ✓ If possible remove any jewellery.

DO NOT rub or massage the frozen area
DO NOT apply snow or cold water to area

DO NOT rewarm with fire or other direct heat
DO NOT give person alcohol

Exposure to heat

The body works efficiently only as long as it remains at a constant temperature between 36°C and 37°C. If the body temperature drops or rises more than a few degrees, it cannot function properly.

Potentially hot environments

Heat exhaustion, dehydration and heat stroke may result from potentially hot environments (e.g. extremely sunny, humid and high temperature day).

Hyperthermia

The signs and symptoms of heat induced illness (hyperthermia) include dry and hot skin, high body temperature, confusion, abnormal walking, weakness, seizures and nausea. The basic principle of management of exposure to heat is immediate cooling and hydration. However, you must take care to ensure that the patient is not over cooled.

General management for hyperthermia:

- ✓ Call an ambulance early in the treatment of heat induced illness.
- ✓ Focus on cooling and hydration.
- ✓ Cool the person by the best means available.
- ✓ Give cool or cold water to drink only if the casualty is fully conscious and can swallow.
- ✓ Start resuscitation if the casualty is not responding and is not breathing normally.
- ✓ Move the casualty to a cool environment or in the shade.
- ✓ Loosen casualty's clothing and remove any excessive clothing.
- ✓ Call an ambulance, if the casualty is not improving.



For casualties over 5 years of age:

- ✓ **Immerse whole-body of the casualty from the neck down in cold water (a bath if possible) for 15 minutes. The water should be as cold as possible.**

Cooling alternative:

- ✓ Wet the casualty with cold or cool water (shower if safe, or with a hose or other water source).
- ✓ Apply ice packs (groin, armpits, facial cheeks, palms and soles).
- ✓ Repeatedly moisten the skin with a moist cloth or atomizer spray.
- ✓ Fan continuously.

Fainting

Fainting is a sudden, brief loss of consciousness. Things that can cause fainting include standing for long periods in hot weather or a hot shower, the sight of needles or blood, injections and pain. Loss of consciousness is usually brief, lasting from a few seconds to 1 or 2 minutes. Casualties who faint often regain consciousness quickly once they are lying down flat. Brain damage or death can occur if the casualty remains supported in an upright position like sitting in a chair or jammed upright in a crowd.

Signs and symptoms	Vital steps
✓ Feeling dizzy or lightheaded ✓ Nausea ✓ Collapse and loss of consciousness ✓ Rapid return of consciousness when lying flat	✓ Lay the casualty down flat ✓ Raise and support their legs ✓ Check for any injury caused by collapsing ✓ Monitor level of consciousness until they recover fully ✓ Do not allow casualty to sit in a chair with their head between their knees ✓ As casualty recovers do not allow them to sit up or stand up quickly ✓ If they remain unconscious follow Basic Life Support Steps and call an ambulance

Epileptic Seizures

Epileptic seizures are caused by a disturbance of the brain as a result of chemical imbalance, a previous injury, or an unknown cause. Epilepsy can affect people of any age, with seizures lasting from 1 - 3 minutes.

Signs and symptoms

- ✓ A 'cry' as air is forced out through the vocal cords
- ✓ Patient falls to the ground and lies rigid for some seconds
- ✓ Congested, blue face and neck
- ✓ Jerking, spasmodic muscle movement
- ✓ Froth from the mouth
- ✓ Possible loss of bladder and bowel movement

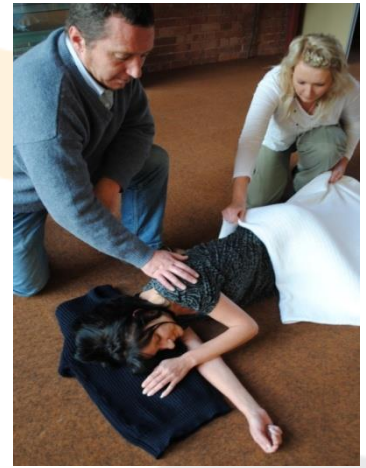
Management

During seizure

- ✓ **DO NOT** try to restrain the person
- ✓ **DO NOT** put anything in the mouth
- ✓ Protect person from injury
- ✓ Place something under head and shoulders

After seizure

- ✓ Follow DRSABCD
- ✓ Place in the recovery position
- ✓ Manage all injuries
- ✓ **DO NOT** disturb if the person falls asleep but continue to check airway and breathing
- ✓ Reassure casualty when they wake up as they can be dazed, confused or sleepy.
- ✓ Seek medical aid if the person does not recover.



Call ambulance if:

- ✓ Seizure lasts more than 5 minutes
- ✓ Repeated seizures occur
- ✓ Casualty remains unconscious for more than 5 minutes after seizure stops
- ✓ Casualty has suffered any injury
- ✓ Casualty is pregnant
- ✓ Seizure occurs in water
- ✓ It is the casualty's first seizure
- ✓ You feel uncomfortable dealing with seizure

Seek medical aid if seizure continues for more than 5 minutes, another seizure quickly follows, the casualty has been injured, there is no history of epilepsy, there is a history of a head injury or when in doubt.

Febrile convulsions

A febrile convulsion is a type of seizure that can occur in young children (up to 6 years old) and as the name suggests is usually caused by a sudden change in the child's body temperature. This is generally due to a high fever associated with infection or other conditions. Febrile convulsions are usually brief, lasting no more than 5 minutes. These convulsions are quite common, and are not usually harmful to children but they can be quite frightening for parents or carers to witness.

Signs and symptoms	Management	
✓ Child is unresponsive or unconscious ✓ Fever ✓ Twitching of face and limbs ✓ Body stiffness and arching of back ✓ Eyes rolling up ✓ Hot flushed skin ✓ Pale or blue in face and lips ✓ Difficulty breathing ✓ Convulsion may last several minutes ✓ Movements stop, child regains consciousness but remains sleepy or irritated	During convulsion – ✓ Place child on side for safety ✓ DO NOT restrain the child ✓ DO NOT actively cool the child ✓ Observe and time the convulsion Call ambulance if - ✓ Convulsion lasts more than 5 minutes ✓ Child does not wake up after convulsion stops ✓ Child looks very sick after convulsion stops.	After convulsion – ✓ Follow DRSABCD ✓ Seek medical aid.

Hyperventilation

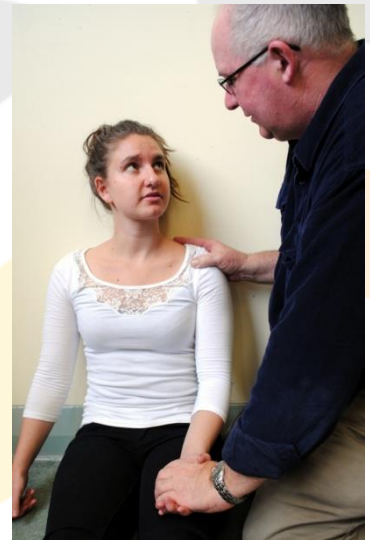
Hyperventilation is a result of involuntary over-breathing as a result of excitement, hysteria, stress or other emotion. It is important to distinguish hyperventilation from other breathing disorders such as asthma; the following signs and symptoms should help you with this.

Signs and symptoms of hyperventilation:

- Shallow rapid breathing
- Rapid pulse
- Feeling of choking or suffocation
- Dizziness
- Pins and needles in hands, feet and face.

Management

- ✓ Follow DRSABCD.
- ✓ Calm casualty, remove to a quiet, private place
- ✓ Encourage slow, regular breathing – count breaths slowly out loud
- ✓ Seek medical aid



Hyperventilation

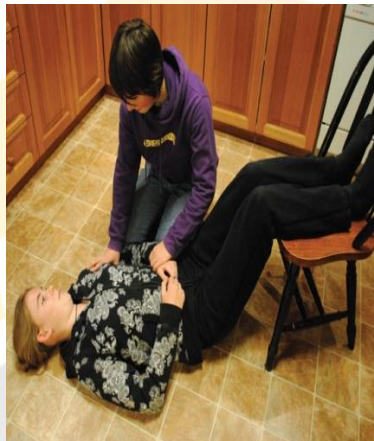
Fainting is a sudden, brief loss of consciousness as a result of a temporary reduction in blood flow (and oxygen) to the brain. People usually faint from a standing position and as a result injuries can occur.

Signs and symptoms of hyperventilation:

- Feeling light headed, dizzy or nauseated.
- Pale, cool, moist skin.
- Numbness in the fingers and toes.

Management

- ✓ Lie the person down with the head and body flat, legs may be raised.
- ✓ **DO NOT** allow the casualty to sit in a chair with their head between their knees.
- ✓ Ensure plenty of circulating fresh air.
- ✓ Loosen tight clothing such as belts or ties.
- ✓ Check for injuries or illness.
- ✓ As the person recovers **DO NOT** allow them to sit or stand up quickly. Advise them to rest for some minutes before moving.
- ✓ If they remain unconscious follow DRSABCD and call triple zero (000) for an ambulance.



Head Injuries

As the brain is the controlling organ for the whole body, injuries to the head are potentially dangerous and always require medical attention. When a patient has a serious head injury, the neck or spine may also be injured. You should seek a medical assessment for any head injury even if the casualty seems to have recovered as their condition may get worse over time.

A range of causes – think sport, car accidents, slips and falls, blows to the head.

Some common head injuries:

- ✓ *Skull fracture* may occur by either a direct force (a blow to the head) or indirect force such as a fall from a height, landing heavily on their feet or severe injuries may cause multiple cracking (an 'eggshell' fracture) which may extend to the base of the skull.
- ✓ *Concussion* is a brief, complete or partial loss of consciousness, usually followed by a quick recovery. Concussion is often caused by a blow to the head or neck.
- ✓ *Compression* is excess pressure on part of the brain. It may be caused by a depressed skull fracture where the broken bones put pressure on or directly damage the brain, or by a build-up of blood inside the skull which cannot drain from the closed space. This condition is life-threatening.

Assessment of Head Injuries

It is often very difficult to make an accurate assessment of the severity of a head injury. Therefore no head injury should be disregarded or treated lightly. The cause of the injury is often the best indication of its severity.

Signs and symptoms may not be obvious and may not appear at time of incident.

If the patient temporarily loses consciousness, but does not have any apparent injury or after effects, the first aider should assume the potential for hidden injury and advise the casualty to seek medical aid as soon as possible.

- ✓ Temporary confusion or memory loss
- ✓ Headache, blurred or double vision
- ✓ Mild to moderate irritability or refusal of assistance
- ✓ Nausea and vomiting
- ✓ Numbness, tingling or loss of power in limbs
- ✓ Seizure
- ✓ Blood or fluid coming from ear, nose or mouth (pad against ear and lie on that side)
- ✓ Change in size or shape of eye pupils
- ✓ Feeling drowsy or vague
- ✓ Loss of consciousness
- ✓ Loss of memory, particularly of the event
- ✓ Confusion
- ✓ Altered or abnormal responses to commands and touch
- ✓ Wounds to the scalp or face
- ✓ Dizziness

Management – always take any incident involving the head seriously

- ✓ DRSABCD
- ✓ Control any external bleeding and cover open wounds
- ✓ If you need to move casualty immobilise head and neck
- ✓ Reassure casualty and try to keep them comfortable
- ✓ Monitor and record vital signs
- ✓ **Do not** leave casualty alone

In more complicated injuries, signs include:

- ✓ Blood or clear fluid escaping from nose or ears. Depending on where the injury is, blood may appear from the ears or nose. If the base of the skull is fractured there may be no obvious sign or injury, but spinal fluid or blood may escape through the ears
- ✓ Pupils becoming unequal in size
- ✓ Blurred vision

Management

- ✓ Follow DRSABCD
- ✓ If casualty is conscious:
 - Place casualty in a comfortable position with head and shoulders slightly raised.
- ✓ If casualty is unconscious:
 - Place in recovery position
 - Clear and open airway
 - Monitor breathing
- ✓ Support casualty's head and neck during any movement; avoid twisting movement
- ✓ Keep casualty's airway open with a chin lift
- ✓ Control bleeding but do not apply direct pressure to the skull if you suspect a depressed fracture.
- ✓ If blood or fluid comes from the ear, cover with a sterile dressing (lie casualty on injured side if possible to allow fluid to drain).
- ✓ Call triple zero (000) for an ambulance. Note the casualty's condition so that you can report it to the paramedics.

Neck and Spinal Injuries

When managing a person with suspected spinal injury, follow DRSABCD and minimise movement of the spine in any direction.

Signs	Symptoms
✓ Abnormal position of head or neck ✓ Altered conscious state ✓ Difficulty in breathing ✓ Shock ✓ Stiff or flaccid muscle tone ✓ Loss of function in limbs ✓ Loss of bladder or bowel control	✓ Pain in the affected area ✓ Tingling, numbness in the limbs and area below the injury ✓ Inability to move (paralysis) ✓ Nausea ✓ Headache or dizziness ✓ Altered or absent skin sensation.

Vital steps – if conscious	Vital steps – if unconscious or becomes unconscious
✓ Call ambulance ✓ Do not move the casualty unless they are in danger ✓ Tell the casualty not to move ✓ Carefully support the casualty in the position you found them	✓ DRSABCD – remember airway and breathing take precedence ✓ Handle casualty gently with no twisting and minimal movement of head, neck and torso ✓ Turn casualty onto side to ensure airway kept clear – Take care: if possible seek assistance to help maintain spinal alignment when turning casualty onto side ✓ Do not use cervical collars or other spinal immobilisation devices unless trained to do so

Eye Injuries

Minor eye irritation can occur when the casualty's eye becomes contaminated by things such as an eyelash, dust or other foreign material. You can relieve this irritation by removing the cause.

- ✓ Tell casualty to not rub their eye
- ✓ Flush the eye carefully with saline solution or clean water
- ✓ If no improvement seek medical aid

Serious eye injuries

An eye injury is when a casualty has damage to the eye itself or to the bone and soft tissue surrounding the eyes. You should provide immediate first aid to minimise the risk of any permanent damage or loss of sight. If there is any doubt about the severity of an eye injury you should always seek medical aid or call an ambulance if necessary to minimise the risk of any permanent damage or loss of sight.

- ✓ Protect and cover injured eye
- ✓ Assist casualty to rest with head raised
- ✓ Tell casualty to keep eyes closed and not to move them

If object in eye –

- ✓ Lie down on back
- ✓ Leave it in (can save the eye by doing so).
- ✓ Cover eye with something that won't press object down
- ✓ Don't cover other eye, casualty to focus on something above
- ✓ Keep mind off injury with conversation.

When applying first aid treatment for chemical burns to the eyes, you should irrigate the eyes for as long as tolerated.

Eye Injuries - Minor

Casualty's eye may become contaminated by things such as an eyelash, dust or other foreign material.

Management

- ✓ Tell casualty to not rub their eye
- ✓ Flush the eye carefully with saline solution or clean water
- ✓ Remove the cause where possible
- ✓ If no improvement seek medical aid

Drowning

Signs and symptoms

- ✓ Water entering mouth and airways
- ✓ Holding breath
- ✓ Vigorous breathing
- ✓ Unconsciousness
- ✓ When drowning, heart rate initially increases, then falls down progressing to a cardiac arrest

Possible sequence of events in drowning:

- ✓ Vigorous breathing efforts and swallowing of both air and water
- ✓ Reduced amount of oxygen reaching the brain tissues
- ✓ Unconsciousness and cardiac arrest

Management

- ✓ DRSABCD
- ✓ Remove from water/fluid
- ✓ Provide CPR if unconscious
- ✓ Call an ambulance
- ✓ Lie the casualty on his/her back on a flat surface
- ✓ Turn the casualty sideways only if vomiting and regurgitating
- ✓ Do not apply pressure to expel water/fluid
- ✓ Check for relapse into cardiopulmonary arrest

Penetrating chest injuries

A penetrating chest wound can cause severe internal damage within both the chest and upper abdomen. The lungs are particularly vulnerable to injury. If a puncture is deep enough, the rib cage may be penetrated allowing air to enter the chest through the wound. When air enters this space, the lung on the side of the injury collapses. Pressure in the chest cavity may build up to such an extent that the heart is pushed to the side. The function of the uninjured lung on that side may also be affected.

Signs and symptoms	Management
• Pain at site of wound • Unconsciousness • Difficult and painful breathing • Bloodstained bubbles around wound when patient exhales • Sound of air being sucked into chest as the patient inhales • Check for an exit wound	✓ Follow DRSABCD ✓ If the person is unconscious and breathing, position them in the recovery position with the injured side down ✓ If the person is conscious, help them sit in a comfortable position, such as half sitting, leaning to the injured side ✓ if any part of the chest is bleeding, cover the area with a clean cloth or bandage, and apply consistent pressure to stop the bleeding — if this makes things worse, remove immediately ✓ if an object remains in the chest, it should NOT be removed ✓ check for an exit wound ✓ Call triple zero (000) for an ambulance

Abdominal injuries

Organs in the abdomen can easily sustain an injury because there is no bone structure to protect them. The liver, spleen and stomach tend to bleed easily and profusely, so injuries to them can be life-threatening. Injury to the bowel may result in the contents being spilled into the abdominal cavity, causing infection.

An injury to the abdomen can be open or closed. Both are serious as even in a closed wound an organ can be ruptured, causing serious internal bleeding and shock. With an open injury, abdominal organs can protrude through the wound.

Signs and Symptoms

- Severe pain
- Nausea or vomiting
- Bruising and tenderness around the wound
- Distension/swelling
- Unnatural paleness
- External bleeding
- Protrusion of intestines through the wound
- Shock

Management

1. Follow DRSABCD
2. Place casualty on back with knees slightly raised and supported. Loosen clothing.
3. Cover protruding organs with aluminium foil or plastic food wrap, or a large, non-stick sterile dressing soaked in sterile saline or clean water
4. Secure with broad bandage (not tightly).
5. Call triple zero (000) for an ambulance

DO NOT give anything to drink

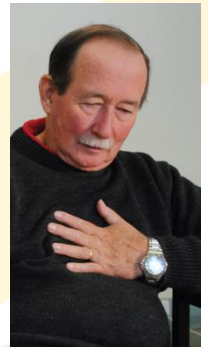
DO NOT try to push organs back into abdomen

DO NOT apply direct pressure to the wound

Heart Disorders

Chest pain

May be caused by a number of different medical conditions including angina, heart attack, indigestion, muscle strain and some respiratory problems. Without a prompt medical assessment it is impossible to know whether chest pain is being caused by a heart attack or something else. So, if chest pain is severe, getting worse or lasts more than 10 minutes it is vital that the casualty gets medical assistance as soon as possible – ‘every minute counts’.



Angina

Signs and symptoms	Management
▪ Feeling of pressure or tightness in the centre of the chest. ▪ Pain or discomfort may spread to the neck, jaw, shoulders or arms	✓ Support person in the sitting position. ✓ Loosen tight clothing. ✓ Assist person to take their prescribed medication, if appropriate. ✓ If pain persists for longer than 10 minutes, call triple zero (000) for an ambulance. ✓ DO NOT HANG UP. Wait for advice from the operator. Stay with the casualty until the ambulance arrives. ✓ Monitor vital signs and be prepared to start CPR.

Heart Attack

Signs and symptoms	Management
▪ Pain or discomfort is persistent. ▪ Crushing sense of pressure or burning in the centre of the chest. ▪ Sweating, shortness of breath and a sick feeling. ▪ Pain may spread to the back, neck, and arms.	✓ Follow DRSABCD ✓ Call triple zero (000) for an ambulance. ✓ If casualty is conscious, place in sitting position. ✓ If casualty is unconscious, roll into recovery position. ✓ If conscious, give one tablet (300mg) of Aspirin unless casualty is allergic to Aspirin, has asthma or is already taking an anti-coagulant (such as Warfarin), or their doctor has advised them not to take Aspirin. ✓ Manage for shock.

If in Cardiac Arrest

- ✓ Follow DRSABCD.
- ✓ Call triple zero (000) for an ambulance.



Heart Failure

Signs and symptoms	Management
▪ General feeling of tiredness. ▪ Breathlessness when exercising. ▪ Swollen feet, ankles, legs, abdomen and veins. ▪ Coughing and wheezing. ▪ Blue lips and extremities.	✓ Follow DRSABCD. ✓ Call triple zero (000) for an ambulance. ✓ If casualty is conscious, place in sitting position. ✓ Reassure the casualty and loosen tight clothing. ✓ Manage for shock.

Remember

- ✓ Refresh your CPR skills every year
- ✓ Update your First Aid certificate every 3 years

First aid situations you may come across in the community and in workplaces may:

- ✓ Be different from what you learned in the class.
- ✓ Be different across different workplaces, for example, suspension injuries related to harness use when working at a height, fall injuries, injuries arising from confined space incidents, injuries from machineries, chemical injuries etc.
- ✓ Result from mild to severe or fatal issues and consequences.
- ✓ Be stressful or have emotional impacts on you and others involved.

You must:

- ✓ Expect the unexpected.
 - ✓ Keep your first aid and CPR skills current (comply with refresher requirements).
 - ✓ Seek help from workplace supervisors and first aid officers to keep yourself updated on the common workplace injuries and incidents and their management.
 - ✓ Promptly call 000 and/or contact the Poisons Information Centre on 131126 or seek help from experienced workplace personnel, as appropriate to the first aid emergency situation, when exposed to new or unsure first aid situations.
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References

- Australian Resuscitation Council Guidelines
 - St John Australian First Aid Manual
 - Everyday Learning First Aid Training
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